

**California Emergency Management Agency****Public Safety and Victim Services Programs**3650 SCHRIEVER AVENUE
MATHER, CALIFORNIA 95655
(916) 324-9200
FAX: (916) 323-1756

December 22, 2009

Gary F. Woolverton
District Attorney
Modoc County District Attorney's Office
204 South Court Street
Modoc, CA 96101

Re: December 2, 2009 Site Visit of Project – VB08060250

Dear Mr. Woolverton:

The following provides a brief overview of the prearranged mandatory site visit conducted recently of the Modoc County Vertical Prosecution (VB) Grant Program. Enclosed for your records is a copy of the Cal EMA Performance Assessment/Site Visit Report.

Representing your office during this site visit included Advocate Luvina Albright and Robin Farnam.

As Project Director for the Vertical Prosecution Grant, you will be pleased to note that my interview of Ms. Robin Farnam, who spoke succinctly from the grant's programmatic perspective, and Ms. Luvina Albright, who addressed the fiscal side for your project, were well-informed in regard to their respective areas of oversight.

Each representative expressed a clear understanding of (1) Vertical Prosecution program objectives; (2) the importance of reporting substantive program data in the quarterly progress reports; (3) tracking grant award funds; and (4) the proper application and submission of California Emergency Management Agency (Cal EMA) Accounting-related forms.

The interview of Ms. Albright was particularly enlightening. Mr. Albright and Ms. Farnam spoke candidly about the Vertical Prosecution program and described their case load and the professional working relationships throughout the county with allied agencies. By all indication, Ms. Albright role as Advocate is an asset to the county's Vertical Prosecution Unit success, and its ability to fulfill the Cal EMA Vertical Prosecution program objectives.

Mr. Gary F. Woolverton
December 22, 2009
Page Two

Most profound was the apparent commitment demonstrated by the Vertical Prosecution staff and their efforts towards the prosecution of Child Abuse cases.

Additionally, Ms. Albright and Ms. Farnam proved more than responsive advocates for the grant, and fulfilling its legislative intent as outlined in the Request for Application.

In closing, it is my judgment that the Modoc County Vertical Prosecution Block Grant Program is a well administered project, and whose standing is in grant compliance.

Sincerely,

A handwritten signature in dark ink, appearing to read "Roman Alvarez", is written over a large black rectangular redaction mark.

Roman Alvarez
Criminal Justice Specialist
Public Safety and Victim Services Division

Enclosure

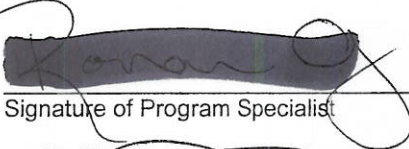
cc: Levina Albright
VB08060250 Program Main File

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

1. GRANT AWARD NUMBER: VB08060250 DATE OF SITE VISIT: December 2, 2009
2. GRANT PERIOD:
July 1, 2008 to June 30, 2010
3. RECIPIENT/IMPLEMENTING AGENCY:
County of Modoc/Modoc County District Attorney's Office
4. PROJECT DIRECTOR:
Director Gary F. Woolverton

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Luvina Albright	Advocate	Modoc County DA Office
Robin Farnam	Advocate	Modoc County DA Office


Signature of Program Specialist

12-22-09
Date


Signature of Section Chief

12/23/09
Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW

	YES	NO	N/A
DOCUMENTS	OPERATIONAL		
Review hard copy/verify the ability to access on line:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

1. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required CBO bonding? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Does the bond show:			
o Bonding company name	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Description of coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Amount of coverage (50% of allocation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond period	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Grant award number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Is Cal EMA named on the bond as the beneficiary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

2. ORGANIZATIONAL CHART

• Review the organizational chart. Are all budgeted positions identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------

Comments:

3. Cal EMA MODIFICATION (Cal EMA 2-223)

• Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (<i>Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.</i>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A modification is needed for the following:			
o Budget changes			
o Change in key personnel			
o Adding/changing additional signers			
o Change goals/objectives, or activities			
o Address change			
o Other			

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW (Continued)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
4. <u>PERSONNEL POLICIES</u>			
• Does the project staff have access to written personnel policies as required? [R. H. Section 2130]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do policies include:			
o Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Work hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Compensation rates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Overtime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the Board approve the agency's current personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

5. <u>FUNCTIONAL TIMESHEETS</u>			
• Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. <u>DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER</u>			
• Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Name of individual who approves purchases. <u>Luvina Albright & Robin Farnam</u>			
o Name of individual who writes checks. <u>Peggy Ash-Auditor Technician</u>			
o Name of individual(s) who signs checks. <u>Alice Marrs-Auditor</u>			

Comments:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
7. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u>			
• Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Staff provide a view of Excel spread sheets by both Auditors and Program Inventory Logs, reflecting all equipment purchased by Program Funding.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

8. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

9. MATCH REQUIREMENTS

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have a match requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project meeting the match requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

10. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Review and complete EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: See attached Modoc County EEO Documents.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

B. PROGRAMMATIC REVIEW

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
GENERAL			
1. <u>PROGRAM GOALS AND OBJECTIVES</u>			
• Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			
2. <u>PROGRESS REPORT</u>			
• Discuss and review the programmatic Progress Report requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
3. <u>SOURCE DOCUMENTATION-Programmatic</u>			
• Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review the project's file system and data collection process.			
Comments:			
4. <u>OPERATIONAL AGREEMENTS</u>			
• Does the project have current Operational Agreements as required by the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
5. <u>PROJECT STAFF DUTIES</u>			
• Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

C. ADDITIONAL COMMENTS:

NOTES: The staff at Modoc County Vertical Prosecution Grant Program, were very informative and prepared for the Cal EMA required Site Visit.

EEO CHECKLIST - B

For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits)

RECIPIENTS: MODOC COUNTY DISTRICT ATTORNEY'S OFFICE
IMPLEMENTING AGENCY: DISTRICT ATTORNEY'S OFFICE
GRANT#: VB0806 0250
FEDERAL \$: _____
STATE \$: \$80,584
CONTACT PERSON AT SITE: LUVINA ALBRIGHT
PHONE #: 530-233-3311
EMAIL ADDRESS: LUVINA_ALBRIGHT@MOODOCCOUNTY.US

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All OES recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by OES or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that OES recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

- ☒ 1. **EEO POLICY** - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.

YES ☒ (Request a copy of the policy and indicate if has been issued to staff.)

NO ☐ (Provide attachment 1B)

- ☒ 2. **SEXUAL HARASSMENT POLICY** - A current policy specifically stating that the agency prohibits harassment of any kind, including harassment on the basis of sex, race, color, religion, gender, age, mental or physical disability, medical condition, national origin, marital status, veteran status, sexual orientation, or any other characteristic protected under federal or state law or local ordinance.

YES ☒ (Request a copy of the policy) NO ☐ (Provide attachment 2B)

- ☒ 3. **DISCRIMINATION COMPLAINT PROCEDURE** - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?

YES ☒ (Request a copy of the procedure) NO ☐ (Provide attachment 3B)

- ☒ 4. **NONDISCRIMINATION POSTER** - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.

YES ☒ NO ☐ (Provide attachment 4A)

- ☒ 5. **PUBLICATIONS** - Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?

YES ☒ (Request a copy of the document) NO ☐

- ☒ 6. **COORDINATOR** - Has the recipient identified a person responsible for coordinating complaints?

NAME: Luvina Albright TITLE: Coordinator

PHONE#: (530) 233-3311 EMAIL: luvina.albright@co.madera.ca.us

- ☒ **7. FINDINGS OF DISCRIMINATION** – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).

YES _____

NO

- ☒ **8. ALLEGATIONS OF DISCRIMINATION** – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?

YES _____

NO

- ☒ **9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy** - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.

YES

NO _____ (provide attachment 10A)

- ☒ **10. LIMITED ENGLISH PROFICIENCY (LEP)*** – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.

YES (Request a copy)

NO _____ (provide attachment 11A)

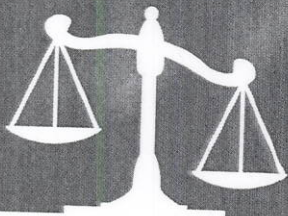
*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

PROGRAM SPECIALIST: Roman Anaze

COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(10/08)



What Every Victim and Witness of Modoc County Should Know!



**Modoc County
Victim Witness
Assistance Program**
204 South Court Street
Alturas, CA 96101
(530) 233-3311
victimw@hdo.net



Modoc County Victim Services

204 S. Court St
Alturas, CA 96101
(530)233-3311

Victims' Bill of Rights Marsy's Law

The California Constitution, Article 1, Section 28, confers certain rights to victims of crime as they are defined in the law. Those rights include:

- 1. Fairness and Respect** To be treated with fairness and respect for his or her privacy and dignity, and to be free from intimidation, harassment, and abuse, throughout the criminal or juvenile justice process.
- 2. Protection from the Defendant** To be reasonably protected from the defendant and persons acting on behalf of the defendant.
- 3. Victim Safety Considerations in Setting Bail and Release Conditions** To have the safety of the victim and the victim's family considered in fixing the amount of bail and release conditions for the defendant.
- 4. The Prevention of the Disclosure of Confidential Information** To prevent the disclosure of confidential information or records to the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, which could be used to locate or harass the victim or the victim's family or which disclose confidential communications made in the course of medical or counseling treatment, or which are otherwise privileged or confidential by law.
- 5. Refusal to be Interviewed by the Defense** To refuse an interview, deposition, or discovery request by the defendant, the defendant's attorney, or any other person acting on behalf of the defendant, and to set reasonable conditions on the conduct of any such interview to which the victim consents.
- 6. Conference with the Prosecution and Notice of Pretrial Disposition** To reasonable notice of and to reasonably confer with the prosecuting agency, upon request, regarding, the arrest of the defendant if known by the prosecutor, the charges filed, the determination whether to extradite the defendant, and, upon request, to be notified of and informed before any pretrial disposition of the case.
- 7. Notice of and Presence at Public Proceedings** To reasonable notice of all public proceedings, including delinquency proceedings, upon request, at which the defendant and the prosecutor are entitled to be present and of all parole or other post-conviction release proceedings, and to be present at all such proceeding